Generic Reason Codes and Statements (DME)

Updated on August 1, 2019

Reason Code	INITIAL CMN DENIAL STATEMENTS
GDM01	The documentation does not include an initial Certificate of Medical Necessity. Refer to Medicare Program Integrity Manual 5.3
GDM02	The initial date on the Certificate of Medical Necessity is after the date of service. Refer to Medicare Program Integrity Manual 5.3.1
GDM03	The Certificate of Medical Necessity is missing the beneficiary's name. Refer to Certificate of Medical Necessity Instructions
GDM04	The Certificate of Medical Necessity is not applicable to this beneficiary. Refer to Certificate of Medical Necessity Instructions
GDM05	The Certificate of Medical Necessity is missing the treating physician's signature. Refer to Certificate of Medical Necessity Instructions
GDM06	The Certificate of Medical Necessity is missing the physician's signature date. Refer to Certificate of Medical Necessity Instructions & Medicare Program Integrity Manual 5.3.1
GDM07	The Certificate of Medical Necessity was signed by the physician after the claim was submitted. Refer to Medicare Program Integrity Manual 5.3.1
GDM08	The Certificate of Medical Necessity contains a physician's signature which does not comply with the Centers for Medicare & Medicaid Services signature requirements. Refer to Medicare Program Integrity Manual 5.3.1
GDM09	The Certificate of Medical Necessity does not include the item(s) ordered. Refer to Certificate of Medical Necessity Instructions
GDM10	The Certificate of Medical Necessity contains a specified length of need that has expired. Refer to Certificate of Medical Necessity Instructions
GDM11	Section A of the Certificate of Medical Necessity is not properly completed. Refer to Certificate of Medical Necessity Instructions
GDM12	Section B of the Certificate of Medical Necessity is not properly completed. Refer to Certificate of Medical Necessity Instructions
GDM13	It is unclear if section B of the Certificate of Medical Necessity was completed by a Physician, non-physician clinician, or a Physician employee. Refer to Certificate of Medical Necessity Instructions
GDM14	The Certificate of Medical Necessity is not the most current version of the Centers for Medicare & Medicaid Services approved form. Refer to Certificate of Medical Necessity Instructions
GDM15	The Certificate of Medical Necessity contains an amendment, correction or delayed entry that does not comply with accepted record keeping principles. Refer to Medicare Program Integrity Manual 3.3.2.5
GDM16	The delivery date/date of service is not within three months from the initial date of the Certificate of Medical Necessity (CMN) or three months from the date of the physician's signature. Refer to Medicare Program Integrity Manual 5.3.1.
GDM17	The Certificate of Medical Necessity is illegible.

GDM18	The documentation does not contain a valid Initial Certificate of Medical Necessity (CMN). A valid Certificate of Medical Necessity must have sections A-D properly completed. Refer to Certificate of Medical Necessity Instructions
GDM1Z	The Initial Certificate of Medical Necessity contains an error for a reason not otherwise specified.

Reason Code	RECERTIFICATION CMN DENIAL STATEMENTS
GDN01	The documentation does not include a recertification Certificate of Medical Necessity. Refer to Certificate of Medical Necessity Instructions and/or Local Coverage Determination/Policy Article, as applicable.

Reason Code	REVISED CMN DENIAL STATEMENTS
GDO01	The documentation does not include a revised Certificate of Medical Necessity. Refer to Certificate of Medical Necessity Instructions and/or Local Coverage Determination/Policy Article, as applicable.
GDO02	The documentation does not include a revised Certificate of Medical Necessity for a change in the prescribed maximum flow rate. Refer to Certificate of Medical Necessity Instructions, Local Coverage Determination L33797 and Policy Article A52514.
GDO03	The documentation does not include a revised Certificate of Medical Necessity as the length of need has expired. Refer to Certificate of Medical Necessity Instructions and/or Local Coverage Determination/Policy Article, as applicable.
GDO04	The documentation does not include a revised Certificate of Medical Necessity for a portable oxygen system added subsequent to an initial stationary system. Refer to Certificate of Medical Necessity Instructions, Local Coverage Determination L33797 and Policy Article A52514.
GDO05	The documentation does not include a revised Certificate of Medical Necessity for a stationary oxygen system added subsequent to initial portable system. Refer to Certificate of Medical Necessity Instructions, Local Coverage Determination L33797 and Policy Article A52514.
GDO06	The documentation does not include a revised Certificate of Medical Necessity from the new supplier. Refer to Certificate of Medical Necessity Instructions and/or Local Coverage Determination/Policy Article, as applicable.
GDO07	The documentation does not contain a revised Certificate of Medical Necessity that has been signed and dated by the treating practitioner. Refer to Certificate of Medical Necessity Instructions and/or Local Coverage Determination/Policy Article, as applicable.
GDO1Z	The Revised Certificate of Medical Necessity contains an error for a reason not otherwise specified. Refer to Medicare Program Integrity Manual 5.7 and Certificate of Medical Necessity Instructions.

Reason Code	DETAILED WRITTEN ORDERS

GDP01	The documentation does not include a detailed written order. Refer to Medicare Program Integrity Manual 5.2.3 & Standard Documentation Requirements A55426
GDP02	The detailed written order is missing the beneficiary's name. Refer to Medicare Program Integrity Manual 5.2.3 & Standard Documentation Requirements A55426
GDP03	The detailed written order is not applicable to this beneficiary. Refer to Medicare Program Integrity Manual 5.2.1 & Standard Documentation Requirements A55426
GDP04	The detailed written order is missing a description of the item. Refer to Medicare Program Integrity Manual 5.2.3 & Standard Documentation Requirements A55426.
GDP06	The detailed written order is missing the physician/practitioner's signature. Refer to Medicare Program Integrity Manual 5.2.3 & Standard Documentation Requirements A55426
GDP07	The detailed written order contains a physician/practitioner's signature which does not comply with the Centers for Medicare & Medicaid Services signature requirements. Refer to Medicare Program Integrity Manual 5.2.3 & Medicare Program Integrity Manual 3.3.2.4 & Standard Documentation Requirements A55426
GDP08	The detailed written order is missing the date the physician/practitioner signed the order. Refer to Medicare Program Integrity Manual 5.2.3 A and Standard Documentation Requirements A55426.
GDP09	The detailed written order is signed by the physician/practitioner after the claim was submitted. Refer to Medicare Program Integrity Manual 5.2.3 and Standard Documentation Requirements A55426.
GDP10	The detailed written order is missing the date of the order. Refer to Medicare Program Integrity Manual 5.2.3 & Standard Documentation Requirements A55426
GDP12	The documentation does not contain a detailed written order from the transferring supplier or a new order indicating a change of supplier. Refer to Medicare Program Integrity Manual 5.2.7 & Standard Documentation Requirements A55426
GDP13	The detailed written order contains a treatment frequency of "PRN" or "as needed" that is not acceptable. Refer to Medicare Program Integrity Manual 5.9
GDP15	The detailed written order contains an amendment, correction or delayed entry that does not comply with accepted record keeping principles. Refer to Medicare Program Integrity Manual 3.3.2.5
GDP16	The detailed written order is illegible.
GDP18	The documentation does not include a detailed written order for a change in the item(s) prescribed. Refer to Medicare Program Integrity Manual 5.2.7
GDP19	The documentation does not include a detailed written order for a change in the frequency of use. Refer to Medicare Program Integrity Manual 5.2.7
GDP20	The documentation does not include a detailed written order for a change in the amount prescribed. Refer to Medicare Program Integrity Manual 5.2.7
GDP21	The documentation does not contain a valid detailed written order. Refer to Medicare Program Integrity Manual 5.2.3
GDP22	The detailed written order is expired per number of refills.
GDP23	The detailed written order is missing the frequency of use. Refer to Medicare Program Integrity Manual 5.2.3

GDP24	The detailed written order is missing the quantity to be dispensed. Refer to Medicare Program Integrity Manual 5.2.3 and Standard Documentation Requirements A55426.
GDP25	The detailed written order does not contain detailed instructions for use and/or specific amounts to be dispensed. Refer to Medicare Program Integrity Manual 5.2.3 and Standard Documentation Requirements A55426.
GDP26	The detailed written order is expired per state Pharmacy Law. Refer to Per Survey of Pharmacy Law (nabp.pharmacy/publications-reports/publications/survey-of- pharmacy-law/)
GDP27	The detailed written order is missing the dosage or concentration. Refer to Medicare Program Integrity Manual 5.2.3
GDP28	The detailed written order does not identify the item to be ordered. Refer to Medicare Program Integrity Manual 5.2.3 and Standard Documentation Requirements A55426.
GDP29	The Certificate of Medical Necessity acting as the written order does not contain a description of the item(s) ordered in Section C. Refer to Medicare Program Integrity Manual 5.2.3 and 5.3.
GDP30	The documentation does not include a detailed written order for replacement equipment. Refer to Medicare Program Integrity Manual 5.2.7
GDP1Z	The detailed written order contains an error for a reason not otherwise specified.
GDP2Z	The Certificate of Medical Necessity acting as the detailed written order contains an error for a reason not otherwise specified.

Reason Code	PROOF of DELIVERY STATEMENTS
GDR01	The documentation does not include a proof of delivery. Refer to Medicare Program Integrity Manual 4.26 & Standard Documentation Requirements A55426.
GDR02	The beneficiary or designee signature and date indicating proof of delivery is after the date of service. Refer to Standard Documentation Requirements A55426.
GDR03	The beneficiary or designee signature and date indicating proof of delivery is prior to the date of service. Refer to Medicare Program Integrity Manual 4.26.1 and Standard Documentation Requirements A55426.
GDR04	The shipping date indicating proof of delivery is after the date of service. Refer to Medicare Program Integrity Manual 4.26.1 & Standard Documentation Requirements A55426.
GDR05	The shipping date indicating proof of delivery is prior to the date of service. Refer to Medicare Program Integrity Manual 4.26.1 & Standard Documentation Requirements A55426.
GDR06	The proof of delivery is missing the beneficiary or designee's signature. Refer to Medicare Program Integrity Manual 4.26.1 & Standard Documentation Requirements A55426.
GDR07	The proof of delivery contains a beneficiary or designee's signature that is illegible. Refer to Medicare Program Integrity Manual 4.26.1 & Standard Documentation Requirements A55426.
GDR08	The proof of delivery is missing the beneficiary's name. Refer to Standard Documentation Requirements A55426.

GDR09	The proof of delivery is missing the delivery address. Refer to Standard Documentation Requirements A55426.
GDR10	The proof of delivery is missing the date delivered. Refer to Medicare Program Integrity Manual 4.26.1
GDR11	The proof of delivery is missing the quantity delivered. Refer to Standard Documentation Requirements A55426.
GDR12	The proof of delivery contains a description of contents not consistent with the item(s) billed. Refer to Standard Documentation Requirements A55426.
GDR13	The proof of delivery does not contain a sufficiently detailed description of contents. Refer to Standard Documentation Requirements A55426.
GDR14	The proof of delivery documentation is missing the date the item(s) was shipped or mailed. Refer to Medicare Program Integrity Manual 4.26.1 & Standard Documentation Requirements A55426.
GDR15	The shipping documentation does not contain the delivery service's package identification number, supplier invoice number or alternative method that links the supplier's delivery documents with the delivery service's records. Refer to Standard Documentation Requirements A55426.
GDR16	The shipping documentation does not contain proof or confirmation of delivery. Refer to Standard Documentation Requirements A55426.
GDR17	The documentation showing proof of delivery for the item(s) billed is prior to Medicare eligibility. Refer to Medicare Program Integrity Manual 4.26.3 and Standard Documentation Requirements A55426.
GDR18	The proof of delivery is illegible.
GDR19	There is no prescription number on any document to compare to the prescription number on the proof of delivery, therefore, the item(s) received cannot be determined. Refer to 42 CFR 424.57(c)(12)
GDR20	The proof of delivery does not contain a statement, signed and dated by the beneficiary (or beneficiary's designee), that the supplier has examined the item received prior to Medicare eligibility. Refer to Medicare Program Integrity Manual 4.26.3
GDR21	The proof of delivery does not contain an attestation from the supplier to the fact that the item meets Medicare requirements. Refer to Medicare Program Integrity Manual 4.26.3 Standard Documentation Requirements A55426.
GDR1Z	The proof of delivery contains an error for a reason not otherwise specified.
GDR22	The proof of delivery does not contain an attestation from the beneficiary (or beneficiary's designee), that the supplier has examined the item. Refer to Medicare Program Integrity Manual 4.26.3 and Standard Documentation Requirements A55426.

Reason Code	**ACA SPECIFIC STATEMENTS (For claims DOS on or after 1/1/14)**
GDS01	The documentation does not include a written order prior to delivery for the item(s) specified in the Affordable Care Act 6407. Refer to Social Security Act 1834(a)(11)(B)(i)
GDS02	The written order prior to delivery is missing the physician/practitioner's National Provider Identifier. Refer to 42 CFR 410.38(g)(4)

GDS04	The written order prior to delivery was signed prior to completion of the face-to- face examination. Refer to 42 CFR 410.38(g)(3)(i)
GDS05	The written order prior to delivery contains an amendment, correction or delayed entry that was completed after the date of delivery.
GDS06	The documentation does not contain a valid written order prior to delivery. Refer to 42 CFR 410.38(g)(4)
GDS07	The written order prior to delivery is missing the beneficiary's name. Refer to 42 CFR 410.38(g)
GDS08	The written order prior to delivery is missing a description of the item. Refer to 42 CFR 410.38(g)
GDS09	The written order prior to delivery does not contain a signature of the prescribing physician/practitioner. Refer to 42 CFR 410.38(g)
GDS10	The written order prior to delivery is missing the date of the order. Refer to 42 CFR 410.38(g)
GDS11	Billing history indicates this item(s) was previously denied for an ACA requirement, therefore a new supplier must complete the transaction.

Reason Code	REFILL REQUIREMENT STATEMENTS
GDT01	There is no documentation showing the beneficiary has nearly exhausted their supplies. Refer to Medicare Program Integrity Manual 5.2.8
GDT02	The documentation does not include contact with the beneficiary showing the beneficiary has nearly exhausted their supplies. Refer to Medicare Program Integrity Manual 5.2.8
GDT03	The documentation contains a retrospective attestation statement by the supplier or beneficiary for a refill request. Refer to Standard Documentation Requirements A55426
GDT04	The refill documentation is missing the beneficiary's name. Refer to Standard Documentation Requirements A55426
GDT05	The refill documentation is missing the description of each item that is being requested. Refer to Standard Documentation Requirements A55426
GDT06	The refill documentation is missing the date of the refill request. Refer to Standard Documentation Requirements A55426
GDT07	The refill documentation is missing information that the beneficiary's remaining supply is approaching exhaustion by the expected delivery date. Refer to Medicare Program Integrity Manual 5.2.8
GDT08	The refill documentation is illegible.
GDT09	The refill documentation indicates the beneficiary has greater than a 10 day supply remaining at the time of delivery of the item(s). Refer to Medicare Program Integrity Manual 5.2.8
GDT10	The refill documentation indicates contact with the beneficiary occurred greater than 14 days prior to the date of service. Refer to Medicare Program Integrity Manual 5.2.8
GDT11	The documentation does not contain a refill request as the delivery slip is not signed by the beneficiary or designee. Refer to Standard Documentation Requirements A55426
GDT13	Documentation does not include a valid refill request. Refer to Medicare Program Integrity Manual 5.2.8

GDT14	The refill documentation does not indicate the supplier has assessed the functional condition of the supplies being refilled. Refer to Standard Documentation Requirements A55426.
GDT1Z	The refill documentation contains an error for a reason not otherwise specified.

Reason Code	MEDICAL RECORDS STATEMENTS
GDU01	No medical record documentation was received. Refer to Medicare Program Integrity Manual 3.2.3.8
GDU02	The medical record documentation is missing the beneficiary's name. Refer to Medicare Program Integrity Manual 5.7
GDU03	Some or all of the medical record documentation is not applicable to this beneficiary. Refer to Medicare Program Integrity Manual 5.7
GDU04	The medical record documentation is not authenticated (handwritten or electronic) by the author. Refer to Medicare Program Integrity Manual 3.3.2.4
GDU05	The medical record documentation contains a practitioner's signature which does not comply with the Centers for Medicare & Medicaid Services signature requirements. Refer to Medicare Program Integrity Manual 3.3.2.4
GDU06	The medical record documentation contains an illegible signature and no signature log or attestation statement was submitted. Refer to Medicare Program Integrity Manual 3.3.2.4
GDU07	The physicians order, Certificate of Medical Necessity, supplier prepared statement, or the physician's attestation, by itself, does not provide sufficient documentation of medical necessity. Refer to Medicare Program Integrity Manual 5.7
GDU08	The medical record documentation does not clearly indicate the date of the amendment, correction or delayed entry. Refer to Medicare Program Integrity Manual 3.3.2.5
GDU09	The medical record documentation does not clearly indicate the author of the amendment, correction or delayed entry. Refer to Medicare Program Integrity Manual 3.3.2.5
GDU10	The medical record documentation does not clearly identify all original content of the amendment, correction or delayed entry. Refer to Medicare Program Integrity Manual 3.3.2.5
GDU11	The medical record documentation is dated after the date of service. Refer to Standard Documentation Requirements A55426
GDU12	The medical record documentation is illegible.
GDU13	The documentation was not timely (within the preceding 12 months) to support continued use by the beneficiary. Refer to Standard Documentation Requirements A55426
GDU14	The documentation was not timely (within the preceding 12 months) to support continued need by the beneficiary. Refer to Standard Documentation Requirements A55426
GDU15	The medical record documentation does not include Medicare approved interactive audio and video telecommunications systems to document the beneficiary's current condition. Refer to Telehealth - 100-4 Chapter 12 section 190
GDU1Z	The medical record documentation contains an error not otherwise specified.

Reason Code	UTILIZATION STATEMENTS

GDV01	The date of service for item(s) billed has been paid. Refer to CMS Manual Pub 100-02 Chapter 15, Section 50.5.1-50.6 &110-140
GDV02	The date of service for item(s) billed has paid to another supplier Refer to CMS Manual Pub 100-02 Chapter 15, Section 50.5.1-50.6 &110-140
GDV03	The date of service for item(s) billed has been partially paid. Refer to CMS Manual Pub 100-02 Chapter 15, Section 50.5.1-50.6 &110-140
GDV04	The date of service for item(s) billed has been partially paid to another supplier. Refer to CMS Manual Pub 100-02 Chapter 15, Section 50.5.1-50.6 &110-140
GDV05	The claim is billed for greater quantity than the detailed written order indicates. Refer to Medicare Program Integrity Manual 5.9 and applicable Local Coverage Determination/Policy Article.
GDV06	The claim is billed for greater quantity than the proof of delivery indicates. Refer to Medicare Program Integrity Manual 4.26.1
Reason Code	**MISCELLANEOUS STATEMENTS**
GDW01	The beneficiary was not enrolled in Medicare fee for service on the date of service.
GDW02	Claims history indicates same or similar durable medical equipment within the last five years. Refer to 100-04 Section 50.1
GDW03	The documentation does not include verification that the equipment was lost, stolen, or irreparably damaged in a specific incident. Refer to 100-04
GDW04	The claim was submitted with an incorrect modifier. Refer to Claims Processing Manual & LCDs
GDW05	The claim was submitted without a required modifier. Refer to Claims Processing Manual & LCDs
GDW06	The documentation submitted indicates the item(s) were returned by the beneficiary.
GDW07	The supplier indicates the item(s) were billed in error.
GDW08	The beneficiary was in an acute care hospital or skilled nursing facility on this date of service. Refer to Claims Processing Manual
GDW09	The medical record documentation does not demonstrate a change in the patient's medical condition necessitating a different item. Refer to Claims Processing Manual & LCDs
GDW10	The claim submitted is a duplicate to another claim billed.
GDW11	The beneficiary does not reside in this jurisdiction.
GDW12	The claim submitted is a duplicate to another claim processed through medical record review.
GDW13	The date of service on the claim is after the beneficiary's date of death. Refer to Claims Processing Manual
GDW14	The time limit for filing claims has expired. Refer to Claims Processing Manual
GDW15	The claim was billed with an incorrect Medicare Beneficiary Identifier. Refer to Claims Processing Manual
GDW16	The item was provided prior to an inpatient hospital admission or Part A covered skilled nursing facility stay and its use began during the stay.
GDW17	The item was provided during an inpatient hospital or Part A covered skilled nursing facility stay prior to the day of discharge and the use began during the stay.

GDW18	The payment for this item(s) is included in the payment of another as it bundles.
GDW19	The item billed is not specified in the Product Classification List on the Pricing, Data Analysis and coding (PDAC) contractor web site. Refer to LCDs of O & P
GDW20	The claim includes items which are not billable to the DME MAC.
GDW21	The supply or accessory is denied as the base equipment is denied. Refer to applicable Local Coverage Determination/Policy Article.
GDW22	The documentation submitted is for a Prior Authorization (PA) program that excludes a Railroad Board (RRB) beneficiary.
GDW23 ***(new)***	The beneficiary resides in a state that is not eligible for Prior Authorization.
GDW24 ***(new)***	This is a duplicate Prior Authorization Request.
GDW25 ***(new)***	An error occurred during the fax transmission of the Prior Authorization request and it is unable to be processed.
GDW26 ***(new)***	The documentation does not specify the procedure code of the requested item, therefore elgibility for Prior Authorization cannot be determined.
GDW27 ***(new)***	The requested item is not eligible for Prior Authorization.
GDW28 ***(new)***	The date of the treating physician/practitioner order is prior to the implementation of Prior Authorization.
GDW29 ***(new)***	The documentation does not include a valid Medicare Beneficiary Identifer (MBI) number.
GDW30 ***(new)***	The documentation does not inlcude a Medicare Beneficiary Identifier (MBI) number.
GDW31 ***(new)***	The documentation demonstrates the requested item has been delivered and is therefore not eligible for Prior Authorization.
GDW32 ***(new)***	The beneficiary is excluded for Prior Authorization as there is a Representative Payee on file; therefore, claims billed are not subject to the Prior Authorization program.
GDW33 ***(new)***	The Prior Authorization request has been cancelled per the supplier's request
GDW34 ***(new)***	The Prior Authorization resubmission does not include all required documentation.
GDW35 ***(new)***	The Prior Authorization submission does not include a beneficiary name.
GDW36 ***(new)***	The Prior Authorization request documenation indicates the beneficiary is deceased.
GDW37 ***(new)***	A previously affirmative determination has been made on the Prior Authorized item requested for this beneficiary.
GDW38 ***(new)***	The Prior Authorization request coversheet does not include the ordering physician's contact information.
GDW39 ***(new)***	The Prior Authorization request {Explaination-of-Problem}.
GDW1Z	The documentation contains an error not otherwise specified.

Reason Code	ABN STATEMENTS
GDY01	The GA modifier was removed as no Advance Beneficiary Notice was provided. Refer to ABN Instructions & Claims Processing Manual Ch 30 Section 40.3
GDY02	Section A of the Advance Beneficiary Notice is not properly completed.
GDY03	Section B of the Advance Beneficiary Notice is not properly completed.
GDY04	Section C of the Advance Beneficiary Notice contains a Medicare or Social Security number.
GDY05	Section D of the Advance Beneficiary Notice is not properly completed.
GDY06	Section E of the Advance Beneficiary Notice is not properly completed.
GDY07	Section E of the Advance Beneficiary Notice indicates a reason Medicare may not pay which is unrelated to the denial.
GDY08	Section E of the Advance Beneficiary Notice does not contain a genuine reason that denial by Medicare is expected.
GDY09	Section E of the Advance Beneficiary Notice is not completed using beneficiary friendly language.
GDY10	Section F of the Advance Beneficiary Notice is not properly completed.
GDY11	Section G of the Advance Beneficiary Notice is not properly completed.
GDY12	representative).
GDY13	Section J of the Advance Beneficiary Notice is not properly completed.
GDY14	The Advance Beneficiary Notice is dated after the date of service.
GDY15	Generic Advance Beneficiary Notices which do no more than state that Medicare denial of payment is possible are not considered to be acceptable.
GDY16	The Advance Beneficiary Notice is not the most current version of the Centers for Medicare & Medicaid Services approved form.
GDY17	The Advance Beneficiary Notice contains an amendment, correction or delayed entry that does not comply with accepted record keeping principles.
GDY18	Some or all of the Advance Beneficiary Notice is illegible.
GDY19	The file does not contain a valid Advance Beneficiary Notice.
GDY20	The Advance Beneficiary Notice is greater than the one-year limit for use.
GDY1Z	The Advance Beneficiary Notice contains an error not otherwise specified.

Reason Code	DIF STATEMENTS
GDZ01	The documentation does not include an initial DME Information Form (DIF). Refer to Medicare Program Integrity Manual Chapter 5, 5.8
GDZ02	The initial date on the DME Information Form (DIF) is after the date of service. Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1
GDZ03	The date of service is greater than three months from the initial date on the DME Information Form (DIF). Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1
GDZ04	The DME Information Form (DIF) is missing the beneficiary's name. Refer to DIF Instructions
GDZ05	The DME Information Form (DIF) is not applicable to this beneficiary.

GDZ06	The DME Information Form (DIF) is missing the treating physician's name. Refer to DIF Instructions
GDZ07	The DME Information Form (DIF) is missing the physician's complete mailing address. Refer to DIF Instructions
GDZ08	The DME Information Form (DIF) is missing the physician's phone number. Refer to DIF Instructions
GDZ09	The DME Information Form (DIF) is missing the supplier's signature. Refer to DIF Instructions
GDZ10	The DME Information Form (DIF) is missing the supplier's signature date. Refer to DIF Instructions
GDZ11	The DME Information Form (DIF) was signed by the supplier after the claim was submitted. Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1
GDZ12	The DME Information Form (DIF) does not include the HCPC procedure code(s) for the item(s) ordered. Refer to DIF Instructions
GDZ13	The DME Information Form (DIF) does not include the beneficiary's date of birth. Refer to DIF Instructions
GDZ14	The DME Information Form (DIF) does not include the beneficiary's sex. Refer to DIF Instructions
GDZ15	The DME Information Form (DIF) does not include the beneficiary's height in inches. Refer to DIF Instructions
GDZ16	The DME Information Form (DIF) does not include the beneficiary's weight in pounds. Refer to DIF Instructions
GDZ17	The DME Information Form (DIF) is not the most current version of the Centers for Medicare & Medicaid Services approved form. Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1
GDZ18	The DME Information Form (DIF) is illegible.
GDZ19	The medical records do not support the information on the DME MAC Information Form (DIF). Refer to Medicare Program Integrity Manual Chapter 5, 5.8
GDZ20	The method of administration listed on the DME MAC Information Form (DIF) does not match the information on the detailed written order.
GDZ1Z	The DME Information Form (DIF) contains an error not otherwise specified.

Reason Code	REVISED DIF STATEMENTS
GDZ21	The documentation does not include a revised DME Information Form (DIF). Refer to Medicare Program Integrity Manual Chapter 5, 5.8
GDZ22	The documentation does not include a revised DME Information Form (DIF) as there is a change in the current HCPCS code. Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1
GDZ23	The documentation does not include a revised DME Information Form (DIF) for a change in the number of days per week administered. Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1

Reason Code	Administrative (For Transmission via esMD)
GEX01	The file is corrupt and/or cannot be read
GEX02	The submission was sent to the incorrect review contractor
GEX03	A virus was found
GEX04	Other
GEX05	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
GEX06	The documentation submitted is incomplete
GEX07	This submission is an unsolicited response
GEX08	The documentation submitted cannot be matched to a case/claim
GEX09	This is a duplicate of a previously submitted transaction
GEX10	The date(s) of service on the cover sheet received is missing or invalid.
GEX11	The NPI on the cover sheet received is missing or invalid.
GEX12	The state where services were provided is missing or invalid on the cover sheet received.
GEX13	The Medicare ID on the cover sheet received is missing or invalid.
GEX14	The billed amount on the cover sheet received is missing or invalid.
GEX15	The contact phone number on the cover sheet received is missing or invalid.
GEX16	The Beneficiary name on the cover sheet received is missing or invalid
GEX17	The Claim number on the cover sheet received is missing or invalid
GEX18	The ACN on the coversheet received is missing or invalid